MULTI-CASUALTY INCIDENT OPERATIONAL PROCEDURE

PURPOSE

MCI Operational Protocol should be used whenever personnel and equipment are not adequate to care for the number of victims involved at an incident.

1. Establish an operational structure for an MCI
2. Define roles and duties of responding personnel
3. Establish standard approach to triage
4. Facilitate effectiveness of multi-agency response

This protocol is intended for use only during a multicasualty incident. The individual county's Disaster Plan will be utilized during a declared disaster.

DEFINITIONS

Multi-Casualty Incident: Multi-casualty incident exists when personnel and equipment are not adequate to care for all the victims involved. A normal level of stabilization and care cannot be achieved until additional resources are available.

Goal: To do the most good for the greatest number of victims

Method: The incident command system shall be the organizational structure used in the ICEMA Region. The S.T.A.R.T. Program is adopted as a standard method of triage.

OVERVIEW

Initial Responders

1. The first medical unit on scene will report to the Incident Commander (IC) or establish the Incident Command System if it is not operational
2. The first unit on scene shall assess (size up) the scene. This will consist of a quick count of total victims and approximate type and number of injuries. The type and number of additional resources or equipment should also be assessed and requested
3. The first unit on scene will establish radio communications with the medical communication resource center of the appropriate county. The medical communication resource center is defined for each county in Attachment A. The first unit on scene will inform the communications center of the MCI and an assessment (size-up.) A request shall be made for an inventory of the local/regional emergency rooms. The number of Immediate and Delayed patients each emergency room is capable of handling will be recorded.
4. Subsequent units arriving on scene will report to the Incident Commander for assignment. The goal of the medical personnel at the scene of a multi-casualty incident is:

    a. Size-up (assess type of incident, location, number of casualties, type of injuries, identify IC)
    b. Triage victims
    c. Activate communication systems
    d. Request additional resources (personnel and equipment, etc.) and orders
    e. Transport the most immediate injured first, to the most appropriate available facility

OVERVIEW CONTINUED

Command

1. Overall command is under the direction of the incident commander. The incident commander will designate a medical group supervisor to oversee the medical aspect of the scene.
2. The incident commander shall ensure the safety of the scene, rescuer, and bystanders.
3. The incident commander shall ensure that adequate resources are summoned.
4. The incident commander may designate a:

    a. Triage unit leader.
    b. Treatment managers assigned to the immediate and delayed treatment areas
    c. Medical Transportation Unit Leader to determine the patient destination from the scene to the surrounding facilities
    d. Medical Communication Manager
5. Paramedic units responding should report to the staging area for assignments by the medical supervisor
6. Medical control will be through the Base Hospital
7. Law enforcement will secure the site for rescue operations
8. Equipment, supplies and personnel will be brought to the staging area. They will be inventoried and dispensed as needed

Triage

1. The S.T.A.R.T. method of triage will be used. Personnel will spend no more than 30-60 seconds per patient triaging
2. Treatment rendered will initially be confined to airway positioning and hemorrhage control
3. Patients will be designated:

    a. **Black**: Dead/Expectant; those who have died or those who have sustained catastrophic life-threatening injuries but have a low probability of survival
    b. **Red**: Immediate; those with life threatening injuries but who also have a high probability of survival
    c. **Yellow**: Delayed; those who have sustained serious injuries but can wait for treatment
    d. **Green**: Minor, ambulatory or walking wounded; minimum or no medical aid
4. Patients will be triaged:

    a. At the site
    b. In the treatment area
    c. At the casualty collection point (if established)

Treatment Areas

1. There will be two areas designated for treatment: the Immediate Treatment Area and the Delayed Treatment Area. These will be located in an area that is:

    a. Safe
    b. Large enough to handle the number of victims easily
    c. Easily accessible to rescue vehicles
    d. Away from the morgue

    A third area should be established for those victims with minimal or minor injuries (walking wounded), to account for all victims
2. All victims will be sent to the appropriate treatment area
3. Once they have been triaged, patients will be sent to either the Immediate, Delayed, or Minor Treatment Areas. Continuous triage and patient evaluation should occur in these areas until the patient is transported
4. Personnel assigned to the treatment area should at all times function only within their scope of practice and under medical control (see medical control protocol)
5. M.D.'s and R.N.'s should be assigned to the treatment areas

Transportation:

1. The Medical Transportation Unit Leader, in cooperation with the managers of the treatment areas and the medical communication resource center, will arrange transport of patients to the most appropriate available facility. Patient transportation decisions should be made on the patient's condition, available resources, available facilities, etc.
2. At all times the most Immediate patients should be transported first to the most appropriate available medical facility. Patients may be transported by a lower level of trained personnel as determined by the Medical Transportation Unit Leader in cooperation with the managers of the treatment areas based on available resources and personnel
3. Patient distribution should occur in such a way that no one facility is overloaded, i.e. the disaster moved from the field to the hospital
4. Medical transport vehicles should report to the staging area and will be called up by the Medical Transportation Unit Leader as needed.
5. The Medical Communication Manager will contact the medical communication resource center and inform them of patient transportation. The information will be limited to the number of patients, type (Immediate and Delayed), and ETA.
6. The medical communication resource center will relay this information to the receiving facility. If time allows, ALS transporting units should contact the RECEIVING facility on COR frequency only, for purposes of notification of ETA and types of injuries.

MCI MEDICAL CONTROL PROTOCOL

Medical Control during MCI

1. Physician on scene: When there is a physician on scene, the paramedic will follow the physician's orders as long as the physician is willing to accept the responsibility for the patients under the paramedic's control.
2. On-line Medical Control:
   a. On-line medical control is present when contact can be made with the Base Hospital. The paramedic will follow orders given through the Base Hospital. (The paramedic at that time may request blanket orders to operate within his scope of practice. The paramedic may function under these orders until the MCI is over or until medical control is established on scene)
   b. When Base Hospital contact cannot be established, the paramedic may during an MCI:
      i. Establish an airway or Nasopharyngeal, oropharyngeal, EOA or ET tube
      ii. Hyperventilate head injuries
      iii. Establish large bore IVs (external jugular lines)
      iv. Utilize established EMT-P Standard Practice Protocols.
      v. Utilize Anti-shock trousers
      vi. Utilize appropriate C-Spine precautions

ATTACHMENT "A"

MEDICAL COMMUNICATION RESOURCE CENTER DESIGNATIONS

The following communication centers have been identified as the PRIMARY resources for coordinating multiple casualty incidents in their respective county. On-scene units will provide these centers with a brief size-up to include location, mechanism, and approximate number of immediate and delayed victims. The communication resource center will alert all local/regional hospitals and inventory their emergency room casualty capability. This information will be relayed to the on-scene medical communication manager, and victim transportation will be coordinated so that no single hospital is overloaded.

Unless the primary resource is a Base Hospital, the medical communication resource center should not provide requests for blanket or special orders. If Base Hospital contact cannot be made, the treatment team on-scene should operate on radio communication failure standing orders.

INYO COUNTY _____

To be determined

MONO COUNTY _____

To be determined

SAN BERNARDINO COUNTY _____

COUNTY COMMUNICATION CENTER. In every M.C.I. involving 6 or more immediate casualties, the Incident Commander or his designee must notify COMM CENTER, which will immediately activate the COMM CENTER, Dept. of Public Health Multi-Casualty Communication Plan.

The foregoing does not preclude the activation of this protocol if circumstances warrant.